Massachusetts Acute Care Hospital Data: Technical Assistance Group (TAG)

February 26, 2014

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and analysis

Agenda

- General Guidelines to Changes

- Overview of Inpatient Discharge Submission Guide Changes

- Overview of Emergency Dept Submission Guide Changes

- Overview of Outpatient Obs Submission Guide Changes

- Next Steps

- FY13 Hospital Inpatient Discharge Data Verification

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General Guidelines to Changes

- To minimize coding changes:
    - Tried to move as few fields as necessary
    - Minimal reuse/collapse fields

- Limited changes to ICD updates as much as possible

- Move to unlimited* number of diagnoses/procedures
    - (*up to 99 diagnosis/procedure records per discharge)

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Hospital Inpatient Discharge

- New Record Type 45

    > Principal Medical Information

- Updated Record Type 50

    > Medical Diagnosis Information

- Updated Record Type 60

    > Medical Procedure Information

- Charge Field Updates

- Clinician Updates

- Data Code Table Updates

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Record Type 45 – Principal Medical Information

- One Required for Each Discharge

- Codes Appear Once per Discharge

    > Principal External Cause of Injury & POA

    > Principal Diagnosis Code & POA

    > Admitting Diagnosis Code (new field)

    > Discharge Diagnosis Code (new field)

    > Principal Procedure Code & Date

- ICD Indicator

Record Type 50 – Medical Diagnosis

- Required for each discharge
- Multiple allowed for each discharge
- Associated Diagnosis Codes start in same position as current submission rules
- Diagnosis Codes utilized filler space to allow for ICD10 length
- Include a Sequence Number
- Moved fields to RT45
    > Principal External Cause of Injury
    > Principal Diagnosis Code
    > Caregiver Information
    > ANDs

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Record Type 60 – Medical Procedure

- Required for each discharge

- Multiple allowed for each discharge

- Significant Procedure Codes start in same position as current submission rules

- Procedure Codes utilized filler space to allow for ICD10 length

- Include a Sequence Number

- Moved Principal Procedure Code & Date to RT45

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Charge Field Updates

- IP Accommodations – RT30 – Total Charges – 9(8)

- Ancillary Services – RT40 – Total Charges – 9(8)

- Patient Control – RT90 –

    > Total Charges Spec Services – 9(10)

    > Total Charges Routine Services – 9(10)

    > Total Charges Ancillary – 9(10)

    > Total Charges All Charges – 9(12)

- Provider Batch Control – RT95 –

    > Total Charges Accommodations – 9(12)

    > Total Charges Ancillaries – 9(12)

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Clinician Updates

- Physician Data - Record Type 80
- Expansion of Other categories to include:
  - \> DENSG – Dental Surgeon
  - \> PODTR – Podiatrist
  - \> MIDWIF – Midwife
  - \> NURSEP – Nurse Practitioner (new)
  - \> PHYAST – Physician Assistant (new)
  - \> OTHER

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Data Code Table Updates

- Marital Status Definition (RT20 field 6) - update
- Type of Admission (RT20 field 8) – discussion
- Source of Admission (RT20 fields 9 & 10) – update
- Patient Status (RT20 field 17) – update
- Payer Source (RT20 fields 16 & 26) – updates needed
- ED Flag (RT20 field 32) – discussion
- Ethnicity Code (RT25 fields   16 & 17) – update
- Condition Present on Admission (RT50) – update

Marital Status Definition

*MARSTA CODE	* MARITAL STATUS DEFINITION
S	Never Married
M	Married
X	Legally Separated
D	Divorced
W	Widowed
C	Common Law Married
P	Domestic Partnership
U	Unknown

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Type of Admission

* TYPADM CODE	* Type of Admission Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

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Source of Admission

- CHIA specific codes

- Make sure your system is mapping appropriately

- Data issues if mapping is not done

- Added one code

  > F – Transfer from a Hospice Facility

Patient Status

- CHIA specific codes utilize reserved placements
- CHIA does not allow all codes included in UB
- Make sure your system is mapping appropriately
- Updated one code
    - > 05 – Discharged/transferred to a Designated Cancer
        Center or Children's Hospital
- Added several codes
    - > Review submission guide for full list

Payer Source Codes

- Updates are needed

- Request Providers to send updates

- These can be added in advance of FY15

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Ethnicity Codes

- Allow usage of full ethnicity code list from the CDC

  www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf

- Continue to allow usage of Homegrown codes

  Examples: AMERCN, BRAZIL, CVERDN, CARIBI, etc.

Condition Present on Admission

- Removal of defunct codes
- Use of standard codes
- Use of '1' and blank for 'Not applicable'

Condition Present on Admission Flag Code	Condition Present on Admission Description
Y	Yes
N	No
U	Unknown
W	Clinically undetermined
1	Not applicable (only valid for NCHS official published list of not applicable ICD codes for POA flag.)
Blank field	Not applicable (only valid for NCHS official published list of not applicable ICD codes for POA flag.)

ED Flag

ED Flag Code	Admitted ED Patient Definition
0	Not admitted from the ED, no ED visit reflected in this record
1	Not admitted from the ED, but ED visit(s) reflected in this record
2	Admitted from the ED

Example: If a patient is not admitted as an inpatient directly from the ED, but a recent ED visit is included in this record because of "payment window" rules, choose code 1.

ED Flag Definition and Payment Windows

ED Flag Code	Admitted Patient ED Flag Definition	Example of ED Flag Admission Codes
0	Not admitted from the ED, no ED visit reflected in this record	A non-urgent patient is directly admitted for inpatient elective knee replacement surgery and has no prior clinically related ED visit. **ED Flag Code '0'** would be used.
1	Not admitted from the ED, but ED visit(s) reflected in this record	After an ED visit, a patient goes home, but is later admitted to the same hospital where the ED visit occurred. The admission is *clinically related to the ED Visit* and the ED visit occurred within the insurer's payment window. For example, Medicare has a 3-day payment window. So If an ED Visit clinically related to admission occurred within 3-days, **ED Flag Code '1'** would be used. However, for certain types of specialty facilities, such as Children's Hospitals and Cancer Centers, Medicare has a 1-Day payment window that would trigger **ED Flag Code '1'**.
2	Admitted from the ED	A baby with persistent high fever is brought to the emergency department, is determined to have pneumonia and is directly admitted from the ED. **ED Flag Code '2'** would be used.

Inpatient Discharge Wrap-up

Questions?

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Emergency Department Visit

- Updated Record Type 20
    > Patient ED Visit Data
- New Record Type 50
    > Patient Diagnosis Data
- New Record Type 55
    > Patient Procedure Data
- Clinician Updates
- Data Code Table Updates

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Record Type 20 – Patient ED Visit

- Physician Data – Fields 22 & 23
- Principal Diagnosis Code – Field 25
- ICD Indicator – Field 26
- Associated Diagnosis Fields & POA – moved
- Significant Procedures – moved
- Principal External Cause of Injury – moved
- Procedure Code Type – Field 30

Record Type 21 – Patient Reason for Visit

- No changes to this record

- Caution should be used on Stated Reason for Visit Field

- Make sure no personal identifiers are included

- Cleaning Process

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Record Type 50 – Patient Diagnosis

- Required for each discharge

- Multiple allowed for each discharge

- Include a Sequence Number

- Each record will hold 15 Diagnoses and POAs

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Record Type 55 – Patient Procedure

- Required for each discharge

- Multiple allowed for each discharge

- Include a Sequence Number

- Each record will hold 15 Procedures

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Data Code Table Updates

- Type of Visit (RT20 field 15) – discussion
- Source of Visit (RT20 fields 16 & 17) – update
- Patient Departure Status (RT20 field 18) – discussion
- Payer Source (RT20 fields 19 & 20) – updates needed
- Ethnicity Code (RT25 fields 17 & 18) – update
- Condition Present on Admission (RT50) – update

Type of Visit

* TYPADM CODE	* Type of Admission Definition
1	Emergency
2	Urgent
3	Elective
4	Newborn
5	Information Unavailable

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Source of Visit

- CHIA specific codes
- Make sure your system is mapping appropriately
- Data issues if mapping is not done
- Added one code
  - > F – Transfer from a Hospice Facility

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Patient Departure Status

- CHIA specific codes only

- Limited list specific to ED Visits

- Review usage of Dead on Arrival

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Patient Status: Dead on Arrival

Coding Issue: Discrepancies exist in the number of dead on arrivals reported in the outpatient emergency department (ED) and dead on arrivals (DOAs) reported in the State death registry.

EXAMPLE			
Death Year	Outpatient ED DOAs	Death Data DOAs	Percent Difference
2007	619	426	31.2%
2008	599	465	22.4%
2009	526	326	38.0%

Solution: A standard definition of DOA from the Office of the State Medical Examiner to distinguish patients who are DOA from those who died in the ED.
Definition: A DOA is a patient who arrives at the ED with asystole and unresuscitatable.

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Payer Source Codes

- Updates are needed

- Request Providers to send updates

- These can be added in advance of FY15

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Ethnicity Codes

- Allow usage of full ethnicity code list from the CDC

  www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf

- Continue to allow usage of Homegrown codes

  Examples: AMERCN, BRAZIL, CVERDN, CARIBI, etc.

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Condition Present on Admission

- Use of standard codes
- We have added the usage of 1 for Not Applicable

Condition Present on Visit Flag	
Code	**Description**
Y	Yes
N	No
U	Unknown
W	Clinically undetermined
1	Not applicable (only valid for NCHS official published list of not applicable ICD-9-CM codes for POA flag)

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Emergency Department Wrap-up

Questions?

Outpatient Observation Visit

- ICD-10 Updates

- Clinician Updates

- Data Code Table Updates

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ICD-10 Updates

- Expansion of Current Fields Length
    - > Principal Diagnosis Code – Field 27
    - > Associated Diagnosis Codes - Fields 28-32
    - > Principal Procedure Code – Field 33
    - > Associated Procedure Codes – Fields 35, 37, 39

- Inclusion of ICD Indicator – Field 72

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Clinician Updates

- Expansion of Other categories to include:
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    - \> NURSEP – Nurse Practitioner (new)
    - \> PHYAST – Physician Assistant (new)
    - \> OTHER

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Data Code Table Updates

- Type of Visit – discussion
- Source of Visit – update
- Patient Departure Status – discussion
- Payer Source – updates needed
- Ethnicity Code – update
- Condition Present on Admission – update

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Wrap – Up on Submission Guides

Questions?

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FY13 Hospital Inpatient Discharge Data Verification

- Verification Reports will be distributed in the next few weeks
- Responses/resubmissions will be due 2 weeks later
- Effort to reconcile to the 403 Cost Report

Specifically:

CHIA's Provider Financial Analysis Group has noticed that the number of discharges reported in the HDD is often lower than the number of discharges reported by the hospital on the Hospital Cost Report (403).   **Why?**

FY13 Hospital Inpatient Discharge Data Verification

This discrepancy may indicate that some of the discharges reported on the Hospital Cost Report (403) are not be reported in the HDD.

• Are all discharges reported in the Hospital Inpatient Discharge Data?

• Should the number of records for discharges reported in the Hospital Inpatient Discharge Data be consistent with, or vary no more than 1% from the number of discharges reported on the FY13 403 Cost Report?

• Why would we see lower numbers in the Inpatient Database?

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